		<u> </u>				· · · · · · · · · · · · · · · · · · ·		.			· .	· .	
DATE:									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003												•	
	·				10	8	0500	25					
ı		CLAIMS		SMAL	L EN	YTITY		OTHE	R THAN				
	TOTAL CLA	IMS .	(Col	(Column 1)		olumn 2)	TYPE	Œ		OF		L ENTITY	
			123	23			RAT	Ε	FEE		RATE	FEE	
	FOR			NUMBER FILED		MBER EXTRA	BASIC	FEE	385.00	OF	BASIC FE	F 770.00	
	TOTAL CHAR	GEABLE CLAIM	s 23	23 minus 20=		3	X\$ 9	=		OR	X\$18=	24	
	INDEPENDEN	T CLAIMS					X43			-	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	127	
\parallel	MULTIPLE DEPENDENT CLAIM PRESENT									OR	700=	 	
Ι,	' If the differer	difference in column 1 is		loss than zero, enter!			+145	=		OR	+290=		
l	in the different		•	ess than zero, enter "0" in column 2			TOTA	L		OR	TOTAL	794	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						OTHER THAN SMALL ENTITY OR SMALL ENTITY						
١	(CLAIMS		(Colum	ST	(Column 3)	I F		ADDI-	OR _. 1	SMALL		
	- 1	REMAINING AFTER		NUMB PREVIOU		PRESENT EXTRA	RATE		TIONAL	.	RATE	ADDI- TIONAL	
AMENDMENT	Total	AMENDMEN *	Minus	PAID F	OR			-	FEE	1		FEE	
A FIN	Independen		Minus	**		=	X\$ 9=			OR	X\$18=	<u> </u>	
٥	FIRST PRE	SENTATION OF	1		CLAIM		X43≃			OR	X86=		
							+145=			OR	+290=		
	•							L E		OR .	TOTAL ADDIT. FEE		
<u>,</u>	(Column 1) (Column 2) (Column 3)							C L		,	ADDII. FEE		
8		CLAIMS REMAINING		HIGHES NUMBE		PRESENT		1	ADDI-	ſ		ADDI-	
DMENT B		AFTER AMENDMENT		PREVIOU PAID FO		EXTRA	RATE		ONAL FEE		RATE	TIONAL FEE	
SON	Total	*	Minus	**		=.	X\$ 9=			OR	X\$18=	1 6.6	
AMEND	Independent	*	Minus	###		~	X43=	+		t			
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\43=	╀		OR	X86=		
			,	•			+145=	L		OR	+290=	*	
							TOTAL ADDIT, FEE			OR A	TOTAL ODIT. FEE		
_													
ر		CLAIMS REMAINING		HIGHES NUMBER		PRESENT		A	ODI-	Γ		ADDI-	
ייייבועטיייבוער	•	AFTER AMENDMENT		PREVIOUS PAID FOR		EXTRA	RATE	4.	NAL EE		RATE	TIONAL	
	Total	*	Minus	**		=	X\$ 9=			_ -	V\$10	FEE	
	Independent	*	Minus	***		=	ļ		l°	PR -	X\$18=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X43=		c	R L	X86=		
	+145= OB												
. 11	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE									, L	TOTAL		
**	me manest will	mber Previously Paid ber Previously Paid	id For" IN THI	S SPACE is les	e than :	? enter "? "	ADDIT, FEE	•		AU	DIT. FEE L	·	
		· · · · · · · · · · · · · · · · · · ·	, ioiai oi	machemoem) c	5 HIC 11	Anesi untinet 10	ond in the app	ropria	ate pox iú	colum	N 1.	1	

FORM PTO-875 (Rev. 10/03)